

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

04863

Reg. Dist. No. 166

1. PLACE OF DEATH:

County... Garrett
 City or town... McHenry, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett
 City or town... McHenry, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Mary Galbreath.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow.
 6. (b) Name of husband or wife John C. Galbreath.
Deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 17th, 1863.
 8. AGE: Years 82 Months 5 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace... McHenry, Maryland.
 (Town, county, and state)
 10. Usual occupation... House wife
 11. Industry or business _____

FATHER 12. Name... Jesse Glotfelty.
 13. Birthplace McHenry, Maryland.
 MOTHER 14. Maiden name Ester Warnick,
 15. Birthplace New Germany, Maryland.

16. Informant Mr. Samuel J. Teets.
 Address McHenry, Maryland.
 17. Burial Date thereof June 2d/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Thayerville Cemetery
 Location Thayerville, Maryland.

18. Funeral director Emory D. Bolden.
 Address Oakland, Md.
 19. 46 (Date rec'd by registrar) 19. 46 Julia J. Rowen Registrar

MEDICAL CERTIFICATION

A.M.

2D. DATE OF DEATH... May 31st, 1946 19... 31... 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 January 1946 to 3 May 1946 and that I last saw him alive on 30 May 46 1946

Immediate cause of death... myocardial infarct
Carcinoma Stomach
 Due to... _____
 Due to... _____
 Other conditions... _____
 (Include pregnancy within 3 months of death)

Major findings of operations... _____
 Date of op. _____

Autopsy results... _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of... _____
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE... Ludwig E. Francis. MD
 Address... Oakland Md Date signed 31 May 46
 M. D. or other _____

RECEIVED

JUN 5 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04864

CERTIFICATE OF DEATH

Reg. Dist. No. 127

1. PLACE OF DEATH

County GarrettCity or town Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural- Swanton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Swanton Road

(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

Mary Catherine Glotfelty

3. (b) Social Security Number

None4. Sex Female5. Color or race White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Calvin Herbert Glotfelty7. Birth date of deceased (mo., day, yr.) January 17, 1864

6.(c) If alive, give age years

8. AGE: Years 82 Months 3 Days 25 If less than one day9. Birthplace McHenry, Garrett Co., Md.

(Town, county, and state)

10. Usual occupation HouseworkOwn Home

11. Industry or business

12. Name Levi Echard13. Birthplace Penna.14. Maiden name Elizabeth Hoope15. Birthplace Penna.16. Informant Mrs. John MellingerAddress Swanton, Md.17. Burial May 15, 1946

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Deer Park CemeteryLocation Deer Park, Garrett Co., Md.18. Funeral director Otha E. SharplessAddress Blaine, W.Va.19. 5-15- 19 46 AW Barnes

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946 19 46 at 6:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-1-44 19 44 to 5-12-46 19 46and that I last saw her alive on 5-12-46 19 46Immediate cause of death Cerebral Hemorrhage

DURATION

8 daysDue to Arteriosclerosis and Nephritis 5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edmund E. Williams M. D. or otherAddress Oakland, Maryland Date signed 5-13-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED

JUN 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04865 766

1. PLACE OF DEATH:

County GarrettCity or town Rural Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County GarrettCity or town Rural Deer Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Mi. So. Deer Park, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Scott Harvey

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Lucinda Hamill Harvey

6. (c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) August 31, 1873

8. AGE: Years Months Days If less than one day

72812

.....hrs.min.

9. Birthplace Garrett Co., Md.

(Town, county, and state)

10. Usual occupation Farmer11. Industry or business Own Farm12. Name Michael Sims Harvey13. Birthplace Garrett Co., Md.14. Maiden name Mary Susan Moon15. Birthplace Garrett Co., Md.16. Informant Grant HarveyAddress Davis, W. Va.

17. Burial

Date thereof May 15, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory White Church CemeteryLocation 5 Mi. So. Deer Park, Md.18. Funeral director Herbert C. ReightonAddress Oakland, Md.19. 5/14/46 Julia Rivers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946 at 11:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 Oct 1945 to 12 May 1946and that I last saw him alive on 6 May 1946Immediate cause of death Myocardial failure.

DURATION

6 mosDue to Arterio-sclerosis

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? -----

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Andrew E. Mauer MD

M. D. or other

Address Oakland, Md. Date signed 13 May 46

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
MAY 15 1946
BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 932

CERTIFICATE OF DEATH

04866

Reg. Dist. No. 162171

1. PLACE OF DEATH:

County Garrett
 City or town Bitteringer, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? (4) weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Rural Near Bitteringer, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Legeer

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John Legeer Sr.
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) March 2, 1867
 8. AGE: Years 79 Months 2 Days 13 It less than one day hrs. min.

9. Birthplace Bitteringer (Garrett) Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business

FATHER 12. Name Thomas Bouser
 13. Birthplace Not Known
 MOTHER 14. Maiden name Anna E. Guthrie
 15. Birthplace Not Known

16. Informant John Legeer
 Address Bitteringer, Md.
 17. Burial Date thereof May 18, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Bitteringer, Md.

18. Funeral director Wm Winterberg
 Address Grantsville, Maryland

19. May 17 19 46 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 46 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 19 46 to May 15 19 46 and that I last saw him alive on May 14 19 46

Immediate cause of death Chronic Hypertension DURATION 2 yrs

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE N. P. Davis M.D. M. D. on other
Grantsville, Md. Date signed May 16
 Address

RECEIVED
MAY 18 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

04807/66
Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Three weeks.
 Hospital, institution, or street address where death occurred:
Keyser Home, Mt. Lake Park, Md.
 How long in hospital or institution? Three weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md., Route
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

James Mackin.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single.

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 12th 1872. 6.(c) If alive, give age _____ years

8. AGE: Years 74 Months 0 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business _____

12. Name John Mackin.

13. Birthplace Ireland,

14. Maiden name Mary Treacy.

15. Birthplace Ireland.

16. Informant John Foley.

Address Oakland, Md. Route.

17. Burial Date thereof May 20/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peters Cemetery

Location Oakland, Md.

18. Funeral director Ernest W. Bolden.

Address Oakland, Md.

19. 5/19/46 19 46 Julius Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 19 46 at 9:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Nov. 19 45 to 16 May 19 46 P.M.

and that I last saw him alive on 15 May 46 19 46

Immediate cause of death _____

Myocardial failure. DURATION 2 days

Myocardial degeneration basal.

Due to _____

Arterio sclerosis. 10 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Andrew E. Thomas. MD

Address Oakland, Md. M. D. or other _____

Date signed 18 May 46

RECEIVED

MAY 29 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 527

CERTIFICATE OF DEATH

14868

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Mt. Lake Park,
(If outside city or town limits, write RURAL and give nearest town)
Street No. -----
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Eulalia Ellen (White) Moreland

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife James Moreland
6.(c) If alive, give age ----- years
7. Birth date of deceased (mo., day, yr.) March 5, 1865
8. AGE: Years 81 Months 2 Days 2 It less than one day ----- hrs. ----- min.

9. Birthplace Preston Co., W. Va.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name Jonathin M. White
13. Birthplace Garrett Co., Md.
MOTHER 14. Maiden name Elizabeth Lower
15. Birthplace Garrett Co., Md.

16. Informant Mildred Ford
Address Mt. Lake Park, Md.

17. Burial White Cemetery Date thereof May 10, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory White Cemetery
Location 4 Mi. S. W. Mt. Lake Park, Md.

18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19. 5/10/46 (Date rec'd by registrar) 19 46 Julius Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 19 46 at 8:25P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/15 19 45 to 5/7 19 46
and that I last saw her alive on 5/7 19 46
Immediate cause of death Secondary anemia DURATION 1 month
Due to Hemorrhages from right kidney or bladder 30 yrs.
Due to Pneumonia, pyelitis, probably carcinoma of bladder 6 mo.
Other conditions Hypertensive heart disease with congestive failure 2 wks.
(Include pregnancy within 4 months of death)
Major findings of operations no Date of op. -----
Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ----- Date of -----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -----
Means of injury ----- Injured at work? -----

23. SIGNATURE Arnold C. Miller, M.D. M.D. or other
Address Eggleston, W. Va. Date signed 5/10/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Minister of the Gospel

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

RECEIVED

MAY 15 1946

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

04869

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park,
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 76 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

Hester Ann Paugh

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife Benjamin F. Paugh
 6. (c) If alive, give age ----- years
 7. Birth date of deceased (mo., day, yr.) March 3, 1946 1870
 8. AGE: Years 76 Months 2 Days 20 If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name John Murray White
 13. Birthplace Garrett Co., Md.
 14. Maiden name Eliza Ellen Moon
 15. Birthplace Garrett Co., Md.

16. Informant Ray Paugh
 Address Mt. Lake Park, Md.

17. Burial May 25, 1946
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Oak Grove Cemetery
 Location 2 Mi. North Gorman, Md.

18. Funeral director Herbert C. Leighton
 Address Oakland, Md.

19. May 24 19 46 Julia P. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 23, 1946 19 46 at 11:00A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5-22-46 19 46 5-23-46 19 46
 and that I last saw h en alive on 5-22-46 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 2 days
Arthritis Deformans 10 yrs

Due to -----
 Due to -----
 Other conditions -----
 (Include pregnancy within 3 months of death)

Major findings of operations -----
 Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide ----- Date of -----
 Where did injury occur? ----- (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -----
 Means of Injury ----- Injured at work? -----

23. SIGNATURE Edmund E. Leighton M. D. or other 23
Oakland, Md. Address ----- Date signed 5-25-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 5 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04870

166

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Rural Deer Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 74 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural Deer Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5 Mi. South Deer Park
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Annie Elizabeth Riley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife William G. Riley
6.(c) If alive, give age ----- years
7. Birth date of deceased (mo., day, yr.) February 26, 1872
8. AGE: Years 74 Months 2 Days 7 If less than one day
----- hrs. ----- min.

9. Birthplace Garrett County, Maryland.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Jack Bowers
13. Birthplace Virginia.

14. Maiden name Martha Sigler
15. Birthplace Barton, Md.

16. Informant Audley Riley
Address R. D. Deer Park, Md.

17. Burial White Church Cemetery
(Burial, cremation, or removal. Which?) Date thereof May 5, 1946
(month) (day) (year)
Cemetery or crematory Ryans Glade Section; Garrett Co
Location

18. Funeral director Herbert C. Lighthill
Address Oakland, Md.

19. May 4 1946 Julia Bower
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946 7:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 1943 to May 3 1946
and that I last saw him Dead on Arrival 1946

Immediate cause of death -----

Crowning Thrombosis
Due to Arterio Sclerosis ?
Due to Hypertension ?
Other conditions Arteritis ?
(Include pregnancy within 3 months of death)

Major findings of operations -----
Date of op. -----

Autopsy results -----
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ----- Date of -----
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----
Means of injury ----- Injured at work?

23. SIGNATURE Wally Colindella M.D. M. D. or other
Address Rockville, Md Date signed May 4-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CERTIFICATE OF DEATH

RECEIVED

MAY 15 1946

BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186a

CERTIFICATE OF DEATH

14871
★ Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Near Frostburg Route 40 on way to Cumberland Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. -----
(If rural, give LOCATION)
2.(a) If veteran, name war -----

3. (a) FULL NAME

James Richard Roy

3. (b) Social Security Number

213-16-9777

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Susie L. (Fulmer) Roy
6.(c) If alive, give age ----- years
7. Birth date of deceased (mo., day, yr.) October 21, 1868
8. AGE: Years 77 Months 6 Days 24 It less than one day
hrs. min.

9. Birthplace Preston Co., W. Va.
(Town, county, and state)
10. Usual occupation Retired Merchant
11. Industry or business Grocery Store
12. Name Charles J. Roy
13. Birthplace Virginia.
14. Maiden name Lavina Mason
15. Birthplace Unknown

16. Informant Richard Roy
Address Mt. Lake Park, Md.

17. Burial May 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Pleasant Valley Cemetery
Location 2 mi. So. Mt. Lake Park, Md.

18. Funeral director Herbert C. Leighton
Address Oakland, Md.

19. 5/16/46 Julius Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946 7:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 Feb. 1946 to 15 May 1946
and that I last saw him alive on 15 May 46 1946

Immediate cause of death Cerebral hemorrhage DURATION 2 hrs.

Due to Fractured skull 2 hrs.

Due to Myocardial Failure 6 mos.

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of 15 May 46

Where did injury occur? Mt Lake Park Garrett 2nd
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of Injury Fall, accidental Injured at work?

23. SIGNATURE Andrew E. Thorne, M.D.
Address Oakland, Md. Date signed 16 May 46

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

THE REGISTRAR OF DEATHS

has received from the

physician in attendance

the following information

that the deceased

was born

at the place of birth

of the deceased

RECEIVED
MAY 29 1946
BUREAU V.E.

DEATH CERTIFICATE

MASSACHUSETTS

DEATH CERTIFICATE

MASSACHUSETTS

DEATH CERTIFICATE

MASSACHUSETTS

DEATH CERTIFICATE

MASSACHUSETTS

MASSACHUSETTS DEPARTMENT OF HEALTH

RECEIVED

MAY 29 1946

BUREAU V.E.

DEATH CERTIFICATE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

Reg. Diat. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Rural Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 55 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Rural Oakland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2 Mi. So. Oakland
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Fannie Luella Savage

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife John Savage

7. Birth date of deceased (mo., day, yr.) September 27, 1890 6. (c) If alive, give age 66 years

8. AGE: Years 55 Months 8 Days -- If less than one day
----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Clinton Morgan

13. Birthplace Garrett Co., Md.

14. Maiden name Nancy Sanders

15. Birthplace Garrett Co., Md.

18. Informant John Savage

Address Oakland, Md.

Burial May 28, 1946

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Pleasant Valley Cemetery

Location 3 Mi. So. Oakland Md.

18. Funeral director Herbert C. Leighton

Address Oakland, Md.

19. Date rec'd by registrar May 27 1946 Registrar Julia Brown

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 26, 1946 19 46 9:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 11 to 26 May 1946

and that I last saw him alive on 26 May 1946

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension, Malignant

Other conditions -----

(Include pregnancy within 8 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ----- Injured at work?

23. SIGNATURE Andrew E. Hane M. D. or other

Address Oakland Md Date signed 27 May 46

CERTIFICATE OF DEATH

RECEIVED

JUN 5 1946

BUREAU V. S.